

2

CREATE FULL RESERVATION		EXPRESS RESERVATION	
PENDING RESERVATIONS	0040	SEARCH	
WORKING RENTALS	0060	REPORTS	
CLOSED RENTALS	0059	SETTINGS	
INCOMING MESSAGES	0013	ABOUT RENTAL PROVIDER	
INVOICES	0000	EXIT	

4

FIG. 1  
PRIOR ART

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6

DELIVERY PHONE NUMBER		THE DELIVERY OFFICE WILL BE ROUTED BASED ON THE DELIVERY PHONE NUMBER. IF NO DELIVERY PHONE NUMBER IS AVAILABLE, YOU MUST HAVE EITHER THE HOME OR WORK NUMBER TO PROCESS THE RESERVATION.	
HOME PHONE NUMBER			
WORK PHONE NUMBER			
<div>CANCEL</div>		<div>&lt;&lt; BACK</div>	<div>NEXT &gt;&gt;</div>

FIG. 2  
PRIOR ART

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TOP OF "0999260"

Messages		0013		Invoices		0000	
Reso. #:		Renter's Name:		Office:		Contract Status:	
Renter Information							
Delivery Phone:		Servicing Office:					
First Name:		Last Name:					
Address:		Address 2:					
City:		State:		Zip:			
Date of Birth:		Age:		Home Phone Number:			
Employer:		Work Phone Number:					
Local Stay:		Local Stay Phone Number:					
Requested Delivery Date and Time:		Delivery Location:					
Renter Is: <input checked="" type="radio"/> Insured <input type="radio"/> Insured Theft <input type="radio"/> Claimant		Insured Name:					
Agent Name:		Phone:					
Agent Company:							
Agent Location:							
Policy #:		Liability? <input type="checkbox"/>		Deductible:			
Expiration Date:		Collision Ins.? <input type="checkbox"/>		Deductible:			
		Comp. Ins.? <input type="checkbox"/>		Deductible:			
Main Menu		Renter Information					
Next>>							

FIG.3

PRIOR ART

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Search for a Rental

16 14 20 18 24 22 28 26 32 30

☐ Reso Number: ☐ First Name: ☐ Date Out: ☐ Contract Number: ☐ Claim Number: ☐ Renter's Last Name:

☐ Bill To: ☐ Last Name: ☐ Date In: ☐ Status: ☐ Office Number:

Reso Number	First Name	Last Name	Bill To	Claim Number	Office	Type	Contract	Status	Date Out	Date In
R5001-00000001	James	Morris	Nancy Spencer	P1088381	380-Flint	I	11896987	Invoiced	7/22/98	8/4/98
R5001-00000002	Kevin	O'Neil	Deonna Maiden	P1088352	23-Dayton	I	14169432	Active	7/23/98	
R5001-00000005	Bill	Hauptrecht	Tonya Schmitt	P1088410	378-Troy	I	11831362	Invoiced	7/22/98	
R5001-00000007	Herbert & Dorth	Rodenbach	Flora Bridges	P1111770	372-Ft.Wayne	I		<Pending>		
R5001-00000023	Zelma	Waymond	Zelma Waymon	P1086873	59-Columbus	II C	14233782	Invoiced	7/27/98	7/27/98
R5001-00000028	Vikas	Bhutada	Vikas Bhutada	P1111350	374-Southfield	I-SP	11779777	Active	7/24/98	

FIG. 4

PRIOR ART

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FOR 0999260

Working Rentals										Print Grid
<input type="radio"/> Reso Number <input type="radio"/> Bill To		<input type="radio"/> First Name <input checked="" type="radio"/> Last Name	<input type="radio"/> Date Out <input type="radio"/> Contract Status	<input type="radio"/> Contract Number <input type="radio"/> Office Number	Renter's Last Name: <input type="text"/>					
Reso Number	First Name	Last Name	Bill To	Claim Number	Office	Type	Contract	Status	Date Out	
R5001-00000002	Kevin	O'Neil	Deonna Maiden	P1088352	23-Dayton	I	14169432	Active	7/23/98	
R5001-00000028	Vikas	Bhutada	Vikas Bhutada	P1111350	374-Southfield	I-SP	11779777	Active	7/24/98	
R5001-00000078	Susan	Rohrs-Poling	Mike O'Rourke	P1087848	74-Holland	C	13884197	Active	7/8/98	
R5001-00000107	David & Connie	Cobb	Mary Frances Shephard	P1088243	384-Grand Rapids	I	11818460	<Terminated>	7/27/98	

FIG.5

PRIOR ART

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Incoming Messages										Print Grid	
<div> <input type="radio"/> Reso Number    <input type="radio"/> First Name    <input type="radio"/> Date Out    <input type="radio"/> Contract Number    <input type="radio"/> Claim Number    <input type="radio"/> Renter's Last Name:         </div> <div> <input type="radio"/> Bill To    <input checked="" type="radio"/> Last Name    <input type="radio"/> Date In    <input type="radio"/> Contract Status    <input type="radio"/> Office Number    <input type="radio"/> Office Number         </div>											
Reso Number	First Name	Last Name	Bill To	Claim Number	Office	Type	Contract	Status	Date Out	Date In	Req Days
R5001-00000051	Bernice	Harris	Shenequa Dawson	P111382	374-Southfield	I	1179579	Invoiced	07/14/98	8/5/98	7
R5001-00000052	Anita & Michael	Barratt	Ray Haman	P0187278	374-Southfield	I	1778764	Active	7/7/98		3
R5001-00000053	Valdez	Rayford	Ray Haman	P1059733	374-Southfield	T	11783654	Active	06/30/98		10
R5001-00000056	Heather	Hardin	Nancy Spencer	P1058354	375-Warren 2	I	11791605	Invoiced	5/29/98	8/1/98	1
This rental needs to be extended 7 days for the following reason: Per Gordan, car is still being worked on, check back 8/4.											
42- ACKNOWLEDGE				44- PRINT RESO MESSAGES							

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FIG. 6

PRIOR ART

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Closed Rentals										Print Grid
<div>28</div> <div> <input type="radio"/> Reso Number    <input type="radio"/> First Name    <input type="radio"/> Date Out    <input type="radio"/> Contract Number    <input type="radio"/> Claim Number  <input type="radio"/> Bill To    <input checked="" type="radio"/> Last Name    <input type="radio"/> Date In    <input type="radio"/> Contract Status    <input type="radio"/> Office Number </div> <div> Renter's Last Name: <input type="text"/> </div>										
Reso Number	First Name	Last Name	Bill To	Claim Number	Office	Type	Contract	Status	Date Out	Date In
R5001-00000001	James	Morris	Nancy Spencer	P1088381	380-Flint	I	11896987	Invoiced	7/22/98	8/4/98
R5001-00000023	Zelma	Waymond	Zelma Waymond	P1086873	59-Columbus II	C	14233782	Invoiced	7/27/98	7/27/98
R5001-00000039	Douglas	Ballantyne	Karen Nelson	46-359490	13 Columbus	C	13940537	Invoiced	7/14/98	7/29/98
R5001-00000060	Maria	Madellin	Shenequa Dawson	P1087534	376-Taylor	I	11845604	Invoiced	7/13/98	7/29/98
										REPRINT INVOICE

FIG.7  
PRIOR ART

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FIG. 8

Available Reports

- Billed Rentals - CTD
- Billed Rentals - Detail - CTD
- Pending Reservations - CTD
- Working Contracts - CTD

Select Sort, Range & Time Frame

Rental Provider

- ☒ Rental Provider
- ☐ Select by Office
- ☐ Select by Adjuster

Time Period

- ☐ Today
- ☐ Selected
- ☒ This Month
- ☐ This Year

10/01/2000 to 10/20/2000

Companies

Report Type

- ☒ Detail
- ☐ Summary

Number of Copies 1

Print

Exit

FIG. 8  
PRIOR ART

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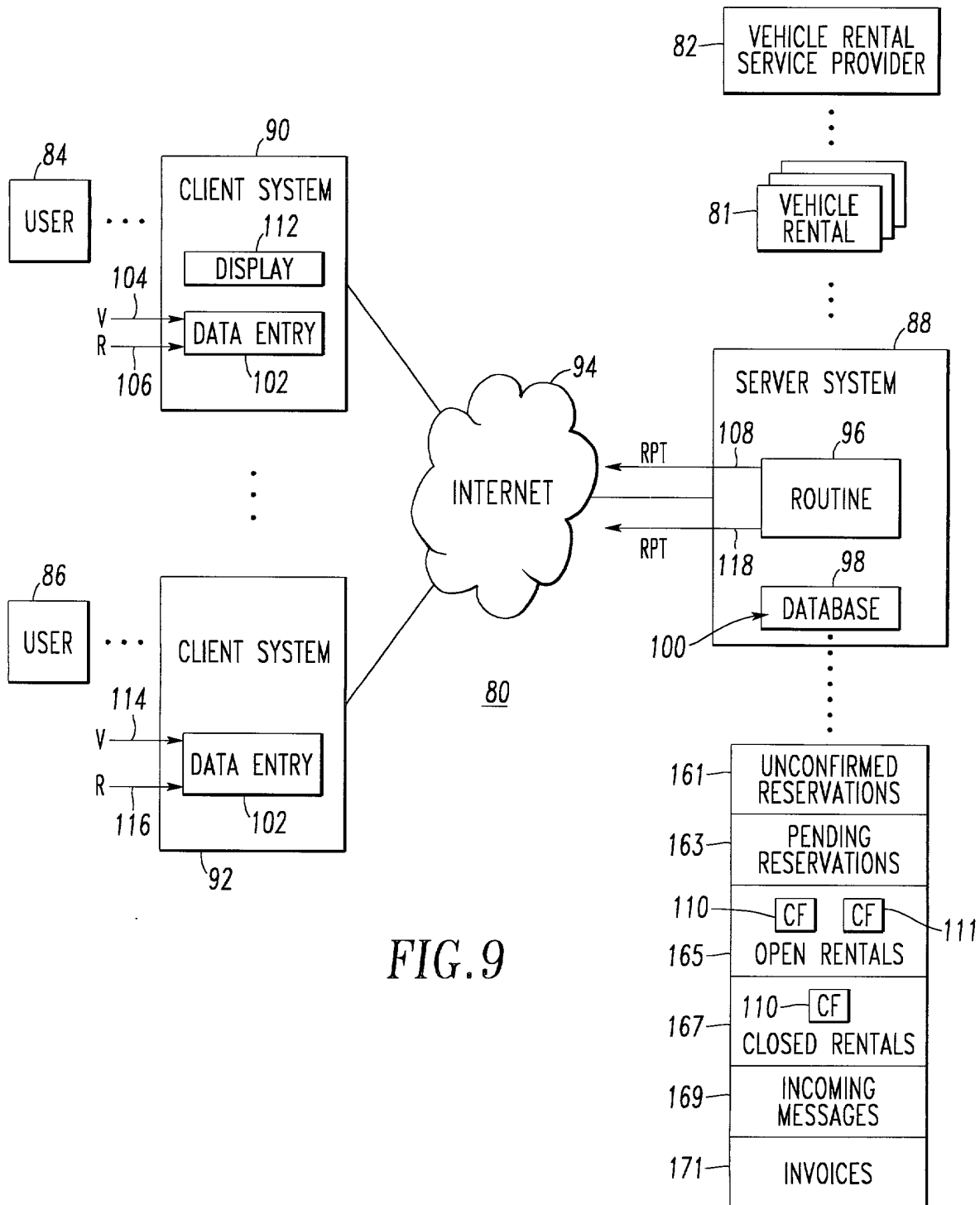


FIG. 9



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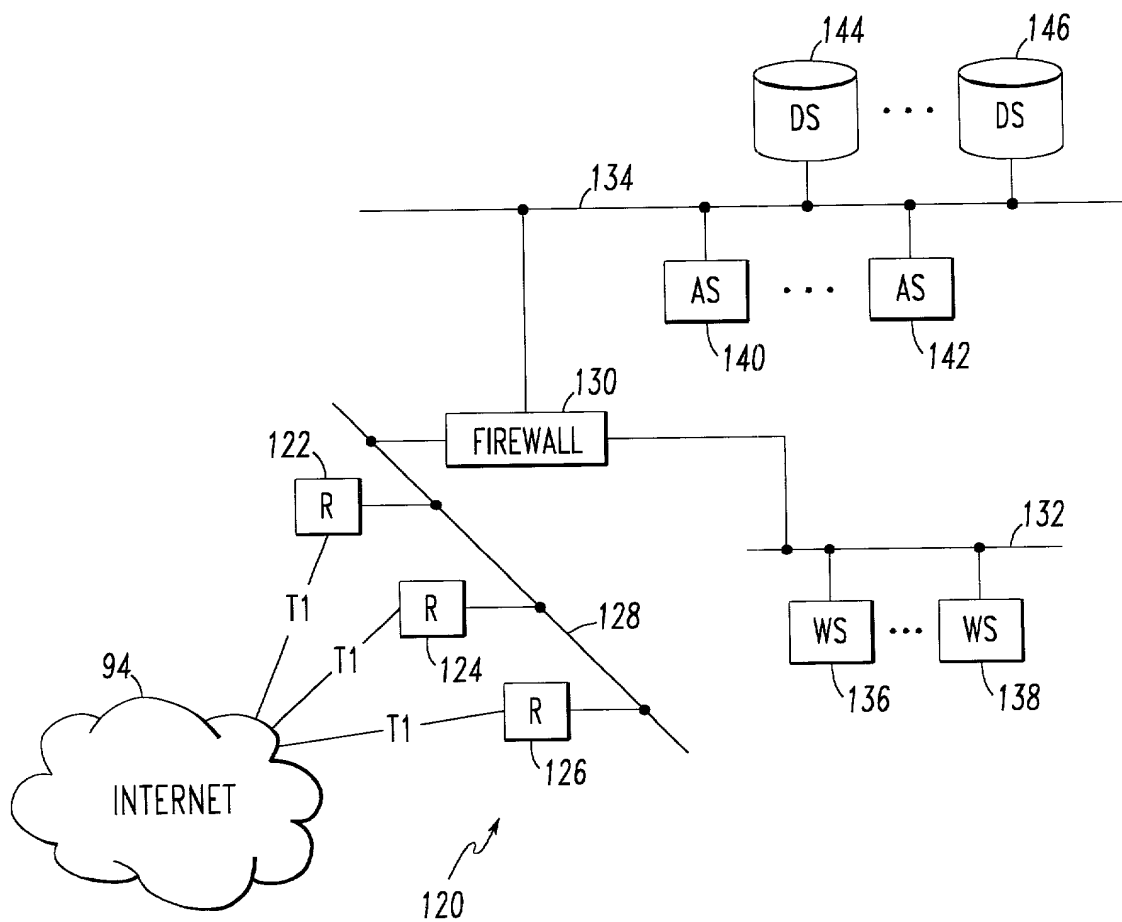
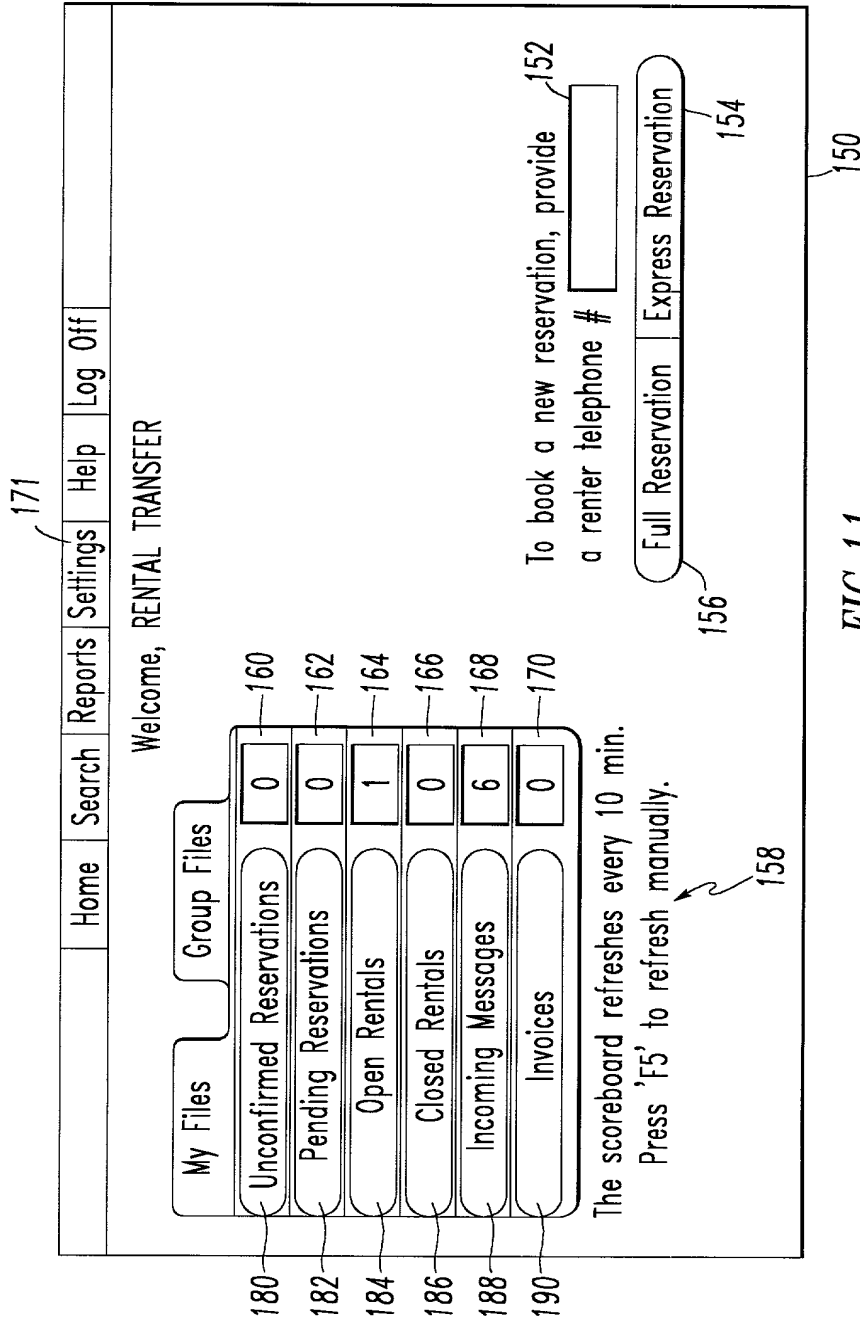


FIG. 10

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FIG. 12

Express Reservation		Renter Information	
Renter Contract #	440-715-3574 *	Rental Reason	Accident ▼
Service Office	Bedford Heights *	Renter Type	<input type="radio"/> Claimant <input type="radio"/> Insured *
Service Office Phone #	216-765-1120 *	Required Immediately ?	<input type="radio"/> No <input type="radio"/> Yes *
Renter First Name		Delivery Date	(MM/DD/YYYY)
Renter Last Name		(Rental branch will contact renter to arrange delivery time)	
Billing Information			
Renter Self Pay	<input checked="" type="radio"/> No <input type="radio"/> Yes	Date of Loss	(MM/DD/YYYY)
Bill to Name		Daily Maximum	*
Bill to Company		Policy Maximum	*
Claim Number		Authorized Days	*
Ins. Co. Reference #		Percent Authorized	100.0 *
Insured Name		Pay for PWD	<input checked="" type="radio"/> No <input type="radio"/> Yes
Repair Facility			
Repair Facility		Location	
Vehicle Class		Notes	
Vehicle Class	Choose...(Insured)(Claimant) Rate ▼		
Authorized Rate	*		
Driveable Status	Choose from List ▼		
<input type="button" value="Cancel"/> <input type="button" value="Next"/>		* Indicates a Required Field	

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Renter Info	Billing Info	Agent Info
<b>Renter Information</b>		
Renter Contract #	<input type="text" value="440-715-3574"/> *	<input type="text" value=""/> *
Same as Home <input type="checkbox"/>	Same as Local Stay <input type="checkbox"/>	<input type="text" value=""/> *
Same as Work <input type="checkbox"/>		<input type="text" value=""/>
Service Office	<input type="text" value="Bedford Heights"/>	<input type="text" value=""/>
Service Office Phone #	<input type="text" value="216-765-1120"/>	<input type="text" value=""/>
First Name	<input type="text" value=""/> *	<input type="text" value=""/> <input type="checkbox"/> Yes
Last Name	<input type="text" value=""/> *	<input type="text" value=""/>
Address	<input type="text" value=""/>	<input type="text" value=""/> <input type="checkbox"/> Claimant <input type="checkbox"/> Insured *
	<input type="text" value=""/>	<input type="text" value=""/> (MM/DD/YYYY)
City	<input type="text" value=""/>	<input type="text" value=""/> (MM/DD/YYYY)
State	<input type="text" value=""/>	<input type="text" value=""/>
Zip Code	<input type="text" value=""/>	<input type="text" value=""/> <input type="checkbox"/> No <input type="checkbox"/> Yes *
		<input type="text" value=""/> (MM/DD/YYYY)
<input type="button" value="Cancel"/> <input type="button" value="Next"/>		* Indicates a Required Field

FIG. 13A

FIG. 13B

Renter Info	Billing Info	Agent Info
Billing Information		
Renter Self Pay	<input type="radio"/> No <input type="radio"/> Yes	Ins. Co. Reference # <input type="text"/>
Bill to Name	<input type="text"/> *	Insured Name John Zernick
Bill to Company	<input type="text"/> *	Date of Loss <input type="text"/> (MM/DD/YYYY) *
Bill to Address	<input type="text"/>	Daily Maximum <input type="text"/> *
Bill to Phone	<input type="text"/>	Policy Maximum <input type="text"/> *
Claim Number	<input type="text"/> *	Authorized Days <input type="text"/> *
		Percent Authorized 100.0 *
		Pay for PWD <input type="radio"/> No <input type="radio"/> Yes
		Pays Fuel <input type="radio"/> No <input type="radio"/> Yes
		Pay Tax <input type="radio"/> No <input type="radio"/> Yes
Customer Vehicle Information		
Vehicle Class	Choose...(Insured)(Claimant) Rate	Vehicle Year <input type="text"/>
Authorized Rate	<input type="text"/> *	Vehicle Make <input type="text"/>
Derivable Status	Choose from List	Vehicle Model <input type="text"/>
Notes		
Repair Facility	<input type="text"/>	<input type="text"/> 178
Repair Facility Location	<input type="text"/>	
Repair Facility Phone	<input type="text"/>	
<input type="button" value="Back"/> <input type="button" value="Cancel"/> <input type="button" value="Finish"/> <input type="button" value="Next"/>		

\* Indicates a Required Field

FIG. 13C

Renter Info

Billing Info

Agent Info

Agent & Policy Information

Agent Name

Agent Location

Agent Company

Agent Phone

Policy Number

Expiration Date

Liability ☐

Collision Ins. ☐

Comp. Ins ☐

Deductible

Deductible

Back

Cancel

Finish

\* Indicates a Required Field

Open Rentals													
200 Insurance Claim#		202 Adjuster's Last, First Name		204 Renter's Last, First Name		206 C/I		208 Body Shop		210 Repair Yr/Model Veh		212 Car Out	

FIG. 14A

FIG. 14B

Change Authorized Rate <u>224</u>	
Andrew Park	
Current Authorized Rate : 9.0 <u>226</u>	
Vehicle Class : Full Size <u>227</u>	
Date (MM/DD/YYYY) :	
New Rate : <u>228</u>	
Approved By : <u>230</u>	Jane Doe
Vehicle Class: <u>231</u>	
<input checked="" type="radio"/> Choose... (Insured) (Claimant) Rate <input type="radio"/> EC NA NA Economy <input type="radio"/> CC 19.99 19.99 Compact <input type="radio"/> IC 21.99 21.99 Midsize <input type="radio"/> SC 23.99 23.99 Standard <input type="radio"/> FC 25.99 25.99 Full Size <input type="radio"/> PC 29.99 29.99 Premium <input type="radio"/> XV 31.99 31.99 Minivans <input type="radio"/> MV NA NA Full Size Vans <input type="radio"/> XP 32.99 32.99 Pick-ups <input type="radio"/> PT NA NA Full Size Trucks <input type="radio"/> LC NA NA Luxury <input type="radio"/> SU 33.99 33.99 Sport Utility <input type="radio"/> XX NA NA Exotic <input type="radio"/> TU NA NA Tow Units	
Rate <u>232</u>	

FIG. 14B

Extend Rental	
Andrew Park	
Extension Days : <u>236</u>	
Approved By : <u>238</u>	
Jane Doe	
Extend Rental <u>240</u>	
<u>234</u>	
Max Rental	
Andrew Park	
Max Date (MM/DD/YYYY) : <u>242</u>	
Approved By : <u>244</u>	
Jane Doe	
Max Rental <u>246</u>	

FIG. 14C

Pending Reservations		272	274	276	278	280	282	284	250
Insurance Claim #	Adjuster's Last, First Name	Renter's Last, First Name	Insurance Reference #	Rental Provider's Rental #	Date Entered in System	Number of Days in System	Anticipated Delivery Date	258 Messages	Cancel
12345	Doe, Jane	Mills, Stephanie	NA	1350586	11/17/2000	20	11/17/2000	Message	X
123489	Doe, Jane	Mills, Stephanie	NA	1350606	11/29/2000	8	11/29/2000	Message	X
12345678	Doe, Jane	Hubbard, Don	NA	1350610	11/29/2000	8	11/29/2000	Message	X

FIG. 15A

Reso#: 1350587 Renter: Jennifer Barber Office: 11-Bedford Heights Company: American Family

12/06/2000 19:30:04 Office: Corporate RCC User: DEMO

Customer needs car by 10 am. Please call.

Approved By: Days: Authorized Rate: Daily Max: Policy Max:

Send Message Close

286

288

290

FIG. 15B



FIG.15C

Cancel Reservation	296
1350606, Stephanie Mills	
Cancellation Reason :	
298	Don't Cancel Res.

300

FIG.15D

Cancel Reservation	302
1350606, Stephanie Mills	
Cancellation Reason :	
303	Customer does not need the car.
304 Finish	

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FIG.16

306	
Search	308
Search Term	310
312	314
316	318
320	322
324	326
328	330
332	334
336	338
340	342
344	346

308

309

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Home Search Reports Settings Help Log Off

Rental Status And Search Term

Rental Status

Search Term

Rental Criteria

FIG.17A

Rental Status ☐ Unconfirmed ☐ Pending ☒ Open ☐ Billed

Search Term ☐ ALL ☐ Claim Center ☒ Adjuster ☐ Repair Shop ☐ Insurance Co.

FIG.17B

Search Term Detail

☒ All ☐ Doe, Jane ☐ Emo, D

FIG.17C

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Rental Criteria

384

☒ All

386

over

—

dollars per day authorized rate

388

over

—

number of authorized days

390

over

—

number of extensions

392

over

—

value of total bill

394

more

—

than

—

days behind on extensions

395

Criteria Value 0

396

Generate Report

FIG.17D

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Rental Status And Search Term

358

Open

▼

366

Search Term

Adjuster

▼

400

Search Term Detail

Doe, Jane

378

▼

400

Rental Criteria

386

over

—

number of authorized days

▼

395

Criteria Value

5

396

Generate Report

FIG.17E

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Open Rentals With Authorized Days Over 5 Days For Adjuster : Doe, Jane									
406 Last, First Name	408 C/I	410 Office No.	412 Body Shop	414 Repair Veh Yr/Model	416 Car Out	418 Days Out	420 Days Left	422 # of ext. to date	
Adjuster: Jane Doe									
404	Kim, Jennifer		11	Atlas Transmission	Toyota, Camry	10/24/2000	26	-1	2
	Zernick, John		623	Atlas Transmission	NA	11/02/2000	17	-10	1
	Hartman, Darrell		11	NA	NA	11/08/2000	11	-6	0
	Mills, Stephanie		11	NA	NA	11/08/2000	11	-6	0
	Gill, Kevin		11	NA	NA	11/08/2000	11	-3	1
	Hubbard, Don		11	NA	NA	11/08/2000	11	-6	1

FIG. 17F

424 Management Reports 442

Report Type ☒ Summary (includes only average amounts for all rentals) 444

☐ Detail (includes all rentals) 444

Renter Type ☒ All 436

☐ Insured 432

☐ Claimant 434

Date Range From: \* To \* 438 440

396 Generate Report

FIG. 17G

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Management Reports - Summary						
For Adjuster : EMO, D						
Where Billing Occured Between 06/30/2000 and 12/31/2000						
446 Adjuster	448 Rental Count	450 Rental Length	452 Authorized Days	454 Rental Rate	456 Auth Rate	458 # Times of Extensions Total Bill 460
D EMO	2	13.0	6.0	NA	\$31.49	0.0 \$323.67

FIG.17H

FIG.17I

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Management Reports - Detail									
For Adjuster : EMO, D									
Where Billing Occured Between 06/30/2000 and 12/31/2000									
462 Renter's Name	464 C/I	466 Claim Number	468 Date Out	442 Date In	470 Rental Length	472 Billed Date	474 Auth Days	476 Auth Rate	478 # Times of Extended Rental Class Rate Total Bill
Adjuster: D EMO									484
Couch, Tim	C	99999	10/16/2000	11/01/2000	17	11/01/2000	6	\$29.99	0 PC NA \$454.75
Rhett, Eric	I	665565965	10/24/2000	11/01/2000	9	11/01/2000	6	\$32.99	0 XV NA \$192.60
Adjuster Averages:			Rental Count: 2		13.0		6.0	\$31.490002	0.0 NA \$323.67

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FIG. 18A

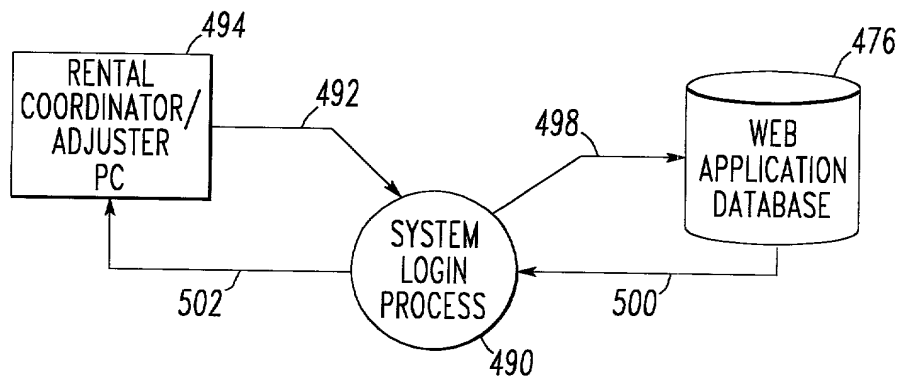


FIG. 18B

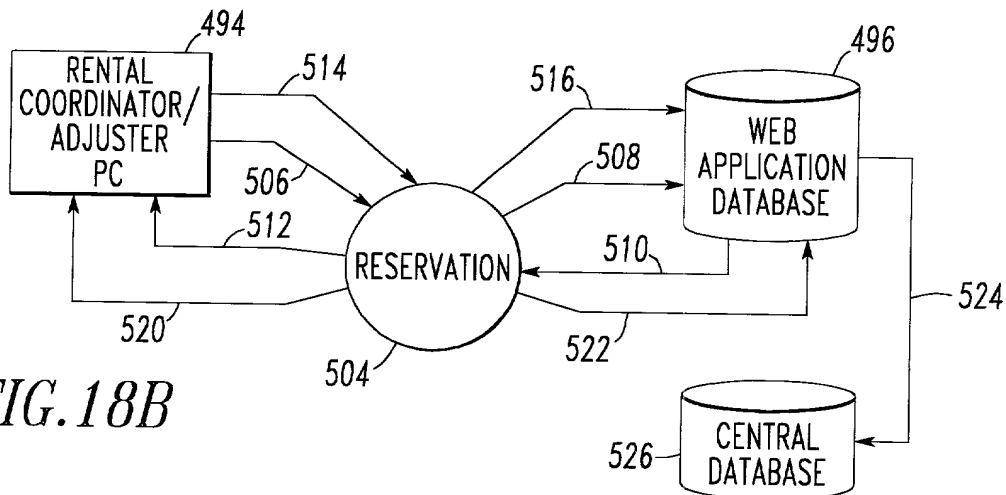
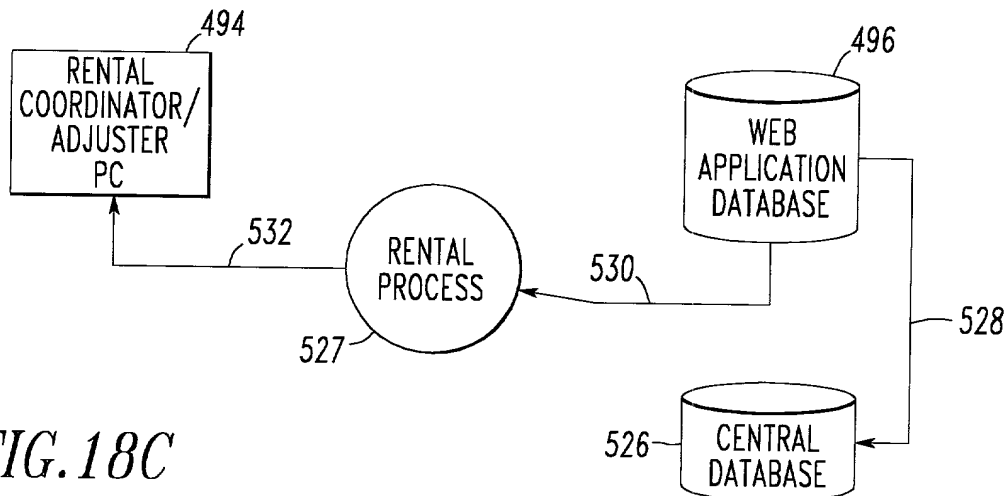


FIG. 18C



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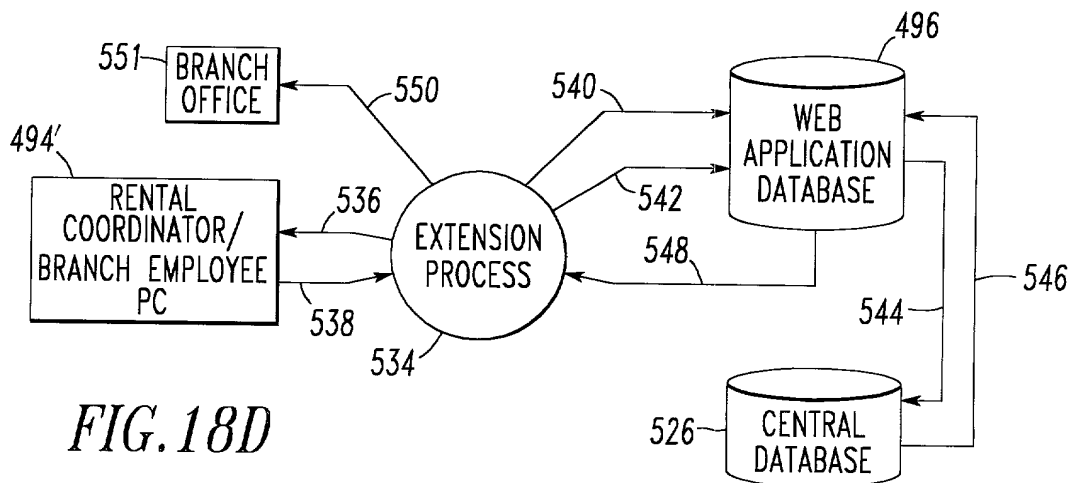


FIG. 18D

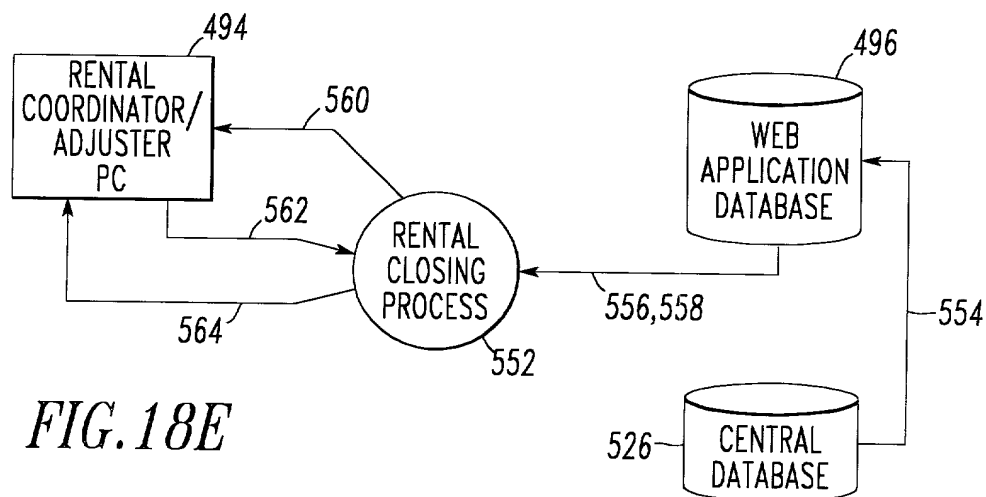


FIG. 18E

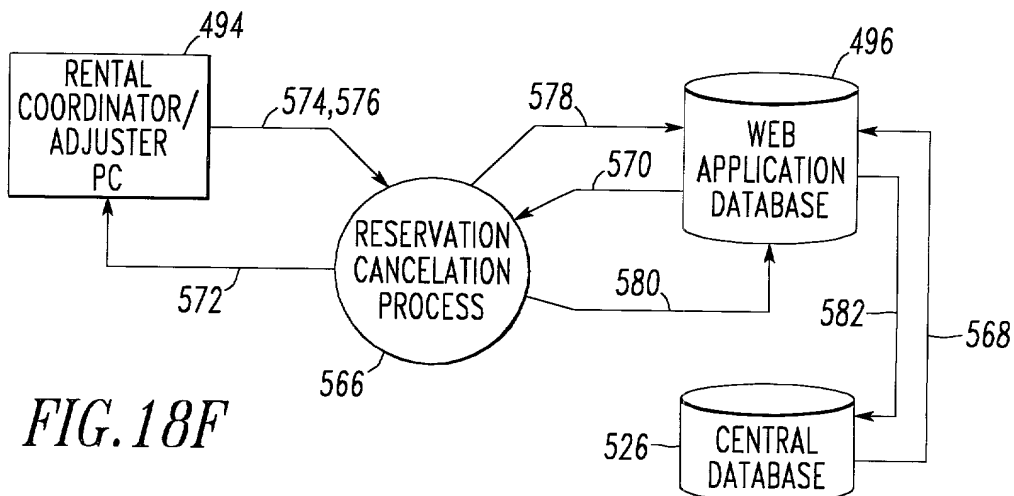
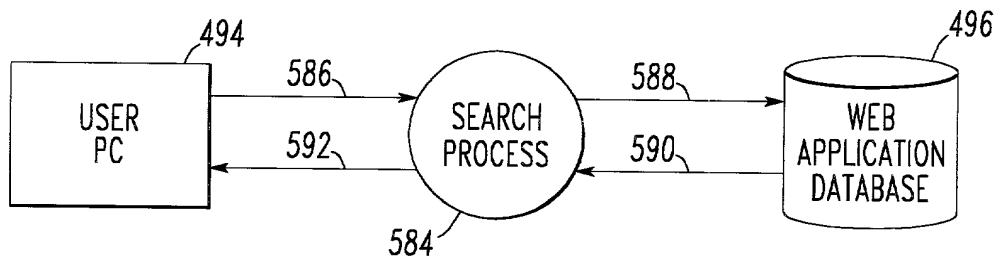
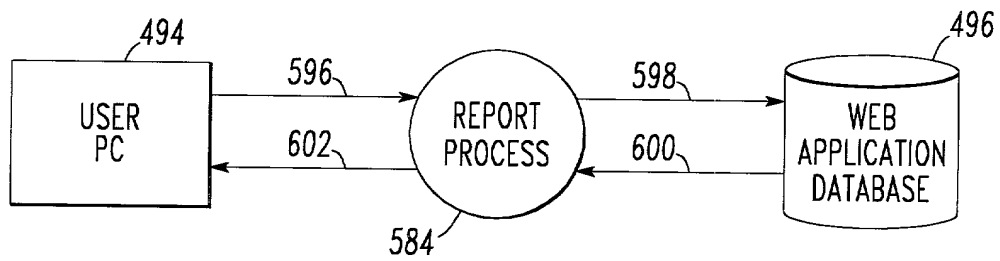


FIG. 18F

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*FIG. 18G**FIG. 18H*